



CAMPAIGN FINANCE REPORT—STATEMENT OF NO ACTIVITY

STATE OF WISCONSIN

Note: Use of this form is required by the Ethics Commission for reporting no activity in a campaign finance filing period. Completion of this form is mandatory for committees that file on paper. It is not the Commission's intention to use any personally identifiable information from this form for any other purpose.

SECTION A: REGISTRANT INFORMATION)N				
A1. Name of Committee/Conduit (in full) Thomas Beal for Sheriff					
A2. Committee/Conduit ID Number (if applicable) A3. Email A4. Phone					
Az. Committee Condan D Admost (it appreciate)	tbealmke@gmail.com		414-731-1324		
A5. Mailing Address P.O. Box 170512	A6. City Milwaukee		A7. State	A8. Zip 53217	
SECTION B: REPORT INFORMATION					
B1. Report Type (Choose One) X January Continuing Spring Pre-Primary July Continuing Spring Pre-Election	Fall Pre-Primary Scptember Fall Pre-Election	Special P	re-Primary re-Election ost-Election	B2. Special Election Date (if applicable)	
Reporting Period The start date for your campaign finance report should be the day for previous campaign finance. Example: If your previous report had a	B3. Reporting Period Start Date 07/01/2022				
an end date of June 30, this report should have a start date of July 1.		B4. Reporting Period End Date 12/31/2022			
Review the filing calendar with reporting periods online at: https://Ethics.wi.gov/FilingCalendar			12/31/2022		
Party and Legislative Campaign Committees Only B5. Is This Report for Your General Fund or Segregated Fund Account? (Choose One)					
☐ Segregated Fund					
SECTION C: LIMITED ACTIVITY REPORTING EXEMPTION (OPTIONAL)					
Filing Exemption Registrants which do not anticipate accepting or making contributions, making disbursements, or incurring obligations in an aggregate amount exceeding \$2,500 in a calendar year may claim an exemption from filing campaign finance reports. This exemption applies until the registrant exceeds the \$2,500 aggregate activity threshold, amends its registration, or is terminated.		C1. Exemption Request and Affirmation			
		Yes, this registrant is eligible for exemption.			
		No, this registrant is not requesting exemption			
SECTION D: CERTIFICATION					
I certify that the above named registrant has not engaged in any financial transactions during the period covered by this report and that the cash balance remains the same as previously reported. This report fulfills the requirements under Wis. Stat. § 11.0103(3)(d).					
Authorized Representative D1. Printed Name D2. Signature D3. Date					
Thomas Beal	Mary 14			01/20/2023	